

VIRGINIA RISK CONTROL INSTITUTE

Complete and return this form to "request" a formal application packet for:

BUS 691: Management of the Risk Control Function

Applicant Name: _____

Job Title: _____ Fax Number: _____

State/Local Agency: _____ Phone Number: _____

Mail Address: _____

College/University awarding your baccalaureate degree? _____

What was your overall GPA at graduation? _____ Year your degree was awarded? _____

What was your academic major? _____

Number of employees in agency or division for whom you are responsible? _____

Percentage of time spent involved with safety? _____%

Is your agency/institution insured by DHRM's Office of Workers' Compensation or TRS's Division of Risk Management? _____ Yes _____ No If so, in what program does your agency or division participate?

Briefly describe how your agency will benefit from this class: _____

I understand that I cannot miss any classes and that this is a graduate level class requiring considerable personal study and project time.

Signature of Applicant _____ Date _____

I understand that this employee will be required to be away from work on eight (8) days during a four-month period. I will not interrupt class or in any way limit his/her attendance on these dates. If the employee fails to complete the course, I understand that my agency may be responsible for repayment of the tuition fee.

Signature of Supervisor _____ Date _____

FAX to: VRCI Course Registration 804-786-8840

**Or MAIL to: VRCI Course Registration
Office of Workers' Compensation
101 N. 14th Street, 6th Floor
Richmond, VA 23219**

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